Société de l'assurance automobile Québec

Confirmation of Hiring

Erase

Claim Number

To be filled in by the victim or by his or her agent

Victim's last name | Victim's Social Insurance Number

First name | Date of accident (Year Month Day)

Address Number | Street | Apartment | Postal code

P.O. Box | Municipality | Province | Country

To be filled in by the employer

Name or business name

Address (number, street or P.O. Box)

Municipality | Province | Country | Postal code

NOTE:

By "guaranteed employment" the Société means the position that the victim would have held if the accident had not occurred.

Planned start of employment: Year Month Day

Projected end of employment: (if applicable) Year Month Day

Date the person applied for employment: Year Month Day

Date hiring was confirmed: Year Month Day

Type of employment: ☐ Full time ☐ Part time ☐ Temporary ☐ Other, specify: _____

Number of hours worked weekly: _____ h

Similar full-time employee's regular work week: _____ h

Title of position: _____

Tasks that would have been done by the victim:

_____

_____

_____

_____

Gross income $ _____ ☐ hourly ☐ daily ☐ weekly ☐ yearly ☐ other, specify: _____

Other remuneration on a regular basis that will not be paid by reason of the accident	Annual Amount
Regular overtime	
Allowance for isolated area, night work or other	
Tips	
Commissions	
Bonuses	
Profit-sharing	
Dividends for work done	
Values of the personal use of lodging or an automobile supplied by the employer	
Allowance for the use of equipment or clothing	
TOTAL	$

I certify that the above information is true and complete.

Signature of the employer or authorized representative | Position

Signature of personnel manager | Year Month Day | Telephone

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:

Through the Document Submission online service: saaq.gouv.qc.ca
By fax: 1 866 289-7952
By mail: Société de l'assurance automobile du Québec
Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2
Keep the original or a copy for your files.

DO NOT WRITE HERE

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Print Form